

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000												
CLAIMS AS FILED - PART (Column 1)						mn 2)	SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			5				RAT	Έ	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			∫ minus 20=		· 0		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		• 3		X40)=	80	OR	X80=	
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT	<u> </u>			+135=			OR	+270=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	column 2 TO		ΑL	435	OR	TOTAL	
	С	LAIMS AS A	MENDE) - PAR (Colur		(Column 3)	SMA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent	IRST PRESENTATION OF MULTIPLE DEPENDE			F.O. AINA	= _	X40	=		OR	X80=	
<u> </u>	FIRST PRESE	ENTATION OF M	JLIIPLE DEI	ZENDEN	CLAIM		+135	;=		OR	+270=	
	·							TAL		OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	TOTATION OF MI	Minus	***	CLAIM	=	X40:	-		OR	X80=	
<u> </u>	FINOT FRESE	INTATION OF IVI	DETIFIE DEF	EINDCINI	CLAIN		+135	=		OR	+270=	
	· TOT.									OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											ADDIT: I EL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	2/	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=				X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						- 7.70-	\dashv		OR	7,00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					found in the	app	ropriate box	in col	umn 1.	